

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Anthony G. Boyd

Write the full name of each plaintiff.

No. \_\_\_\_\_  
(To be filled out by Clerk's Office)

-against-

LaGuardia Airport  
General Manager Operations  
Office HANGER 7C 3rd FL Central  
Adm Building Marine Terminal Rd Flushing NY 11371

**COMPLAINT**  
(Prisoner)

Do you want a jury trial?  
☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

## I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: \_\_\_\_\_

## II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Anthony

G

Boyd

First Name

Middle Initial

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

AmKC

Current Place of Detention

11-11 HAZEN ST

Institutional Address

E. Elmhurst

County, City

NY

State

11370

Zip Code

## III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: \_\_\_\_\_

**IV. DEFENDANT INFORMATION**

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

LaGuardia Airport  
 First Name Last Name Shield #

Current Job Title (or other identifying information)

General Manager operations office Hanger 7C  
 Current Work Address

3rd FL Central Adm Building Marine Terminal  
 County, City Rd. Flushing State NY Zip Code 11371

Defendant 2:

First Name

Last Name

Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City

State

Zip Code

Defendant 3:

First Name

Last Name

Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City

State

Zip Code

Defendant 4:

First Name

Last Name

Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City

State

Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence:

LAGUARDIA Airport

Date(s) of occurrence:

During The Month of May 2021

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

The Plaintiff was AT The Above stated Airport waiting for a friend to arrive. While waiting, The Plaintiff sat ~~DOWN~~ His plastic Bag That contained His personal belongings on A Railing while He cleaned off His Sneakers. The wind Blow The bag down to The ground level from The second floor level. When The Plaintiff Arrived AT The ground level to get His bag, He Did not see it so he Asked The Airport's Porter That WAS IN The Area Where The bag fell cleaning, "Did He see a white plastic Bag That Just Fell seconds Ago" And The Porter Replied, "No". A lady waiting on A CAB Informed The Plaintiff That He Had Just Swept It up seconds before The Plaintiff had Asked Him Did He see it. The Porter Than Gave The Plaintiff ~~Back~~ His Bag. The Plaintiff Asked to Speak to The Porter's Supervisor so

He Could Make A Complaint on The Porter for Lying. During The Above Time, officers' Surrounded The Plaintiff, Cuffed Him And Placed Him In An Ambulance. The Ambulance Drove The Plaintiff to East Elmhurst Hospital Where He Was Admitted into The ~~Psychiatric~~ Psychiatric Ward for Weeks. The Above Was Captured on The Airports CAMERAS AT Gate 4<sup>5</sup> First and Second level floors.

#### INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

#### VI. RELIEF

State briefly what money damages or other relief you want the court to order.

Due to The Laguardia Airport Worker Lying About Seeing and Taking The Plaintiff's PLASTIC Bag, He Caused The Plaintiff a distress That Caused The Police of The Port Authority TO Hand Cuff The Plaintiff, place Him In an ambulance And Then In a Psychiatric Ward. The Plaintiff Seeks 1,000,000 IN Punitive Damages & 1,000,000 for His Distress for The Workers Actions.

**VII. PLAINTIFF'S CERTIFICATION AND WARNINGS**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

8/18/2021  
 Dated  
 Plaintiff's Signature  
 Anthony G. Boyd  
 First Name Middle Initial Last Name  
 11-11 HAZEN STREET  
 Prison Address  
 E. Elmhurst NY 11370  
 County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

8/18/2021

Anthony Boyd  
3492102070  
11-11 Hazen St  
E. Elmhurst ny  
11370

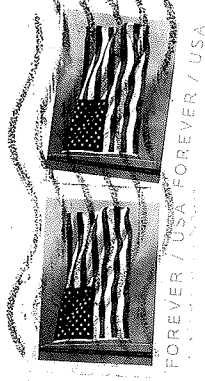
USPS  
JUL 23 2021

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NEW YORK NY 10007  
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250 Pearl Street  
New York New York  
10007



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